

# Application Sardinia Fire Department

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
LastMiddleFirst

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Phone # \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Notification : \_\_\_\_\_  
NamePhone #

Position Applying For: \_\_\_\_\_

**Previous Experience Firefighting** (Note: if currently certified provide a copy of certification with this application)

May we contact the previous departments you responded with \_\_\_\_\_ yes \_\_\_\_\_ no

Department	Chief	When	Rank Attained
Department	Chief	When	Rank Attained
Department	Chief	When	Rank Attained

**Previous Experience EMS** (Note: if currently certified provide a copy of certification with this application)

May we contact the previous departments you responded with \_\_\_\_\_ yes \_\_\_\_\_ no

Department	Chief	When	Rank Attained
Department	Chief	When	Rank Attained
Department	Chief	When	Rank Attained

List on a separate sheet any certifications. If accepted a photo copy of all certificates are to be provided to the Training Officer.

**Employment History** (List last 3 starting from current or most recent)

Employer

May we contact your current employer \_\_\_\_\_ yes \_\_\_\_\_ no

Company Name	Address	Phone #
Company Name	Address	Phone #
Company Name	Address	Phone #

Education: High School \_\_\_\_\_ College: \_\_\_\_\_

College Major: \_\_\_\_\_

Military Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical:

Are you willing to submit to physical examinations provided by The Sardinia Fire Department and the Village of Sardinia. \_\_\_\_\_

(Any such exam will take place after a conditional position on the department is made.)

I certify that the statements I have made in this application and attachments are true and I authorize The Sardinia Fire Department and The Village of Sardinia to investigate the accuracy and completeness of this information. I hereby give permission to the Department and Village or its duly authorized representative, to contact any persons or companies or departments named in this application.

It is understood that, as a prerequisite to consideration for acceptance on this Department, I agree to submit to such future examinations, physical or other, as may be required by the Department. Such examinations may include drug testing. The department will pay the reasonable cost of any such examinations which may be required.

In the event of my acceptance onto the Department, I expressly understand that any false or misleading statements made by me in this application or in connection with my physical examination will be sufficient grounds for immediate dismissal from the Department.

I understand that nothing contained in this application or in the granting of an interview is intended to create an agreement that I have been accepted onto this Department for any purpose. No promises regarding my acceptance onto this Department have been made to me, and I understand that no such promise or guarantee is binding upon the Department unless made in writing and signed by the Fire Chief.

I hereby give the Department the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, Departments, and corporations supplying such information. I indemnify the Department against any liability which might result from making such investigation. I understand that any false answer or statement or implications made by me in this application or other required documents shall be considered sufficient for denial of membership or discharge from this Department.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
Application

Date: \_\_\_\_\_ Signature \_\_\_\_\_

I hereby certify I have read I understand and will comply with the minimum requirements as set forth in the job description attached for Volunteer Firefighter

Sardinia Fire Department  
PO Box 316 169 Winchester St.  
Sardinia, Ohio 45171